

PATENT

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#1240

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: S.A. Iliff, *et al.*

Serial No.: 09/928,679

Case No.: 20869

Filed: August 13, 2001

For: SAFETY SHIELD

Art Unit:
3764

Examiner:
M. A. Brown

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

Responsive to the non-final Office Action mailed December 16, 2003 for the
above captioned application, kindly amend the case as follows:

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST
CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER
FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450,
ON THE DATE APPEARING BELOW.

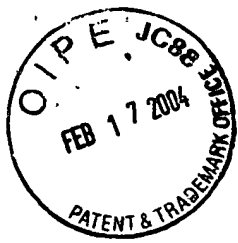
MERCK & CO., INC

MAILED BY:

Handwritten signature: Susan Towne

DATE:

Handwritten date: 2/13/04



3764

PATENT
CASE NO. 20869

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450In re application of: ILIFF, ET AL.Serial No. 09/928,679Filed August 13, 2001Group Art Unit 3764Examiner M. A. BrownFor: SAFETY SHIELD

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TECHNOLOGY CENTER R3700

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>12</u>	-	** <u>20</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* <u>2</u>	-	*** <u>3</u> =	<u>0</u> X	\$86	= <u>0.00</u>
Multiple Dependent Claims					\$290 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: Patricia A. Shatynski

Attorney for Applicant(s)Reg. No. 43,109MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
Rahway, N.J. 07065-0907

(732) 594-1652

Date: February 13, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

By Patricia A. Shatynski Date 2/13/04

IN DUPLICATE